

many cases advocates, birth control, provided it is exercised by the Ogino-Knaus method (or, of course, by continence), and deplores the fact that this point of view has not yet penetrated into the lower ranks of the clergy. In spite of authoritative pronouncements, the actual policy of the Church is still at best one of grudging toleration.

The situation of would-be propagandists is not made easier by the absurd survival of a Fascist law (the famous article 553 of the 1930 code) whereby "whoever publicly encourages practices contrary to procreation or exercises propaganda in favour of such practices" may be sentenced to a heavy fine or up to a year's imprisonment. Though seldom invoked, this law intimidates the cautious, and confuses the moral issue for the simple-minded. It is clear that nothing of any importance can be done until it is revoked. With this purpose in view a pressure group has been formed within the Italian Parliament. It has now limited its aims to making the Ogino-Knaus method legal, in the hope of attracting the support of the more modern sections of the Demo-Christian (i.e. Roman Catholic) Party which is at present in power.

If the Church and its secular arm, the Demo-Christian Party, adopt a policy of neutrality (a good deal more likely than one of active support) no doubt birth control will slowly and almost surreptitiously seep through the country. Too late, perhaps, the author fears.

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United Nations. *Fœtal, Infant and Early Childhood Mortality.* Volume I, The Statistics (Population Studies, No. 13). New York, 1954. United Nations. Pp. vi + 137. Price 11s.

ONE of the useful functions of the World Health Organization is to recommend uniformity both in the manner in which health statistics are published and in the registry systems on which the statistics are based. Present differences make it difficult to compare figures for various countries. For example, in some countries the distinction

between abortions and still-births is based on the period of gestation, in others on the length of the foetus itself, in others, even on whether the foetus is "recognizable as a human being." Even the starting point for measuring length of gestation may differ, in some cases being the day of onset of the last menstrual period, in others the probable day of conception ten to fourteen days later. In addition to the discrepancies in the definition of terms, there are great differences in the extent to which births of all types are registered at all. Some South American States, for example, although they have comprehensive registration, do not attempt to publish statistics for tribal Indians. The United Nations *Handbook* draws attention to all these difficulties, but at the same time is able to set out some interesting statistics on abortions, still-births and deaths in infancy and early childhood.

The attempt to register abortions has on the whole been unsuccessful. A number of special studies suggest that the rate of spontaneous abortion is about 100 per thousand live births, but this does not include the early abortions which might not be noticed by the mother. One small study of foetuses in women who had to have their wombs removed for therapeutic reasons, suggested that the figure of 100 per thousand should be more than doubled to include these very early abortions. Full statistics are given for the countries in which induced abortion is legal. The figures for Japan have been much in the news recently. They were nearly 300 per thousand live births in 1951 and have probably increased since. But Sweden and Denmark also show high figures of the order of fifty per thousand live births in 1950. Only a minority (10 per cent in Sweden) of these legal abortions are on eugenic grounds; the great majority are on medical and social grounds. There is no reliable information on secular trends and geographical variations for spontaneous abortions.

Statistics for still-births of reasonable reliability are available for about half the world, but these, too, are not on the whole satisfactory for the study of secular trends

and variation between different countries. The rate for countries with the most efficient systems of registration varies between twenty and fifty still-births per thousand live births. In technically advanced countries there has been little change in the rate between 1915 and 1940, but a definite fall to about twenty-five to twenty per thousand since 1945. No country has as yet sound information on the causes of still-births, but 10 per cent to 20 per cent of still-births, that is, three to six still-births per thousand live births, are attributable to congenital malformations.

Reasonably good statistics for deaths in infancy and early childhood are also available for about half the world's population, and here fairly detailed comparisons of secular trends and geographical variation are possible. The technically advanced countries have shown a striking improvement from 200 to 100 deaths in the first year per thousand live births, to only thirty to twenty deaths over the past half century. In these countries in recent years about 20 per cent of infant deaths are attributable to congenital malformations. Deaths in the later years of childhood in these countries have shown a similar but even greater reduction. This reduction does not, however, apply to deaths in the first week, which, like still-births, have shown little fall. Many countries, however, still have very high infant and early childhood mortality rates. Four of the thirty-eight countries for which statistics are given still show over a hundred deaths in the first year per thousand live births and more than one live-born child in four dying before the age of five. In another three countries the loss is between one live-born child in five and one in four. The remaining 50 per cent of the world's population for whom no adequate statistics are available very probably fall into this group of high infant and child mortality.

It is clear that deaths after the first week of life in undeveloped countries would fall greatly with improvement in social conditions. But peri-natal deaths, that is, still-births and deaths in the first week, are much less susceptible to changes in social

conditions, and the causes of most of them remain unknown.

The second volume of this Report will attempt to discover the social conditions associated with the very high reproductive wastage in undeveloped countries.

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EVOLUTION

Le Gros Clarke, W. E. *The Fossil Evidence for Human Evolution.* Chicago, 1955. University of Chicago Press; (London, Cambridge University Press.) Pp. x + 181. Price 45s.

SINCE Darwin, the fossil history of man has never been a dead subject. It has been a playground for cranks; a field in which eminent scientists have made full use of the excellent opportunities it provides for making a fool of oneself; and a continued source of acrimonious and often futile controversy. In its latest phase there have been the important and fascinating discoveries of the *Australopithecinae*—"missing links" which are no longer missing—and the ludicrous and discreditable story of the Sussex Woman, or Piltdown Man; as well as other developments of lesser note.

The result has been the appearance of a picture clearer than before in its outlines, but the filling in also of some rather complex and sometimes obscure detail. A truly critical and authoritative account of the subject was therefore needed, and now Professor Le Gros Clark has provided it. The author is not only a distinguished anatomist and student of the Primates, but he has also had personal access to much of the most important fossil material bearing on the evolution of our species. His experience has given him an intimate knowledge, both of the facts and of the many methodological pitfalls met in the study of human evolution. Method is indeed the subject of the important first chapter, which is especially concerned with the problems of comparative anatomy and taxonomy.

There follows a chapter on the genus *Homo*, which deals particularly with the rather